Dear Mr. Reynolds:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of the contracted Local Authority, Northeastern Counseling Center; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Kelly Ovard at 385-310-5118.

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

Brent Kelsey
Division Director

Enclosure

cc: Randy Asay, Daggett County Commission
    Greg Todd, Duchesne County Commission
    Brad Horrocks, Uintah County Commission
    Kyle Snow, Director, Northeastern Counseling Center
Site Monitoring Report of

Northeastern Counseling Center

Local Authority Contract #A03088

Review Date: April 26, 2022

Final Report
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Section One: Site Monitoring Report
Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Northeastern Counseling Center (also referred to in this report as NCC or the Center). The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center’s compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center’s data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center’s efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.
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Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Northeastern Counseling Center (NCC). Due to current DSAMH policy, the Governance and Fiscal Oversight section of the review was conducted remotely on April 26, 2022 by Kelly Ovard, Administrative Services Auditor IV.

The site visit was conducted with NCC as the Local Mental Health Authority for Daggett, Duchesne and Uintah Counties. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center’s own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, NCC provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

There is a current and valid contract in place between the Division and the Local Authority. NCC met its obligation of matching a required percentage of State funding.

As the Local Authority, NCC received a single audit as required. The CPA firm Aycock, Miles & Associates, CPAs, P.C. completed the audit for the year ending June 30th, 2021. The auditors issued an unqualified opinion in their report dated October 11, 2021. The Youth Suicide/SPF PFS Grant (Partnerships for Success) Funded Prevention Services (CFDA # 93.243) was identified as a major program for the audit. There were no findings or deficiencies reported.
Findings for Fiscal Year 2021 Audit:

FY21 Deficiencies:

1) 2 CFR 200 Subparts D and E (sections 200.300 and 200.400) requires a Federal Awards Policy for all entities that receive federal dollars either directly or pass-through. Northeastern Counseling does not have a Federal Awards Policy. They were not actively registered with the SAMs database to check for exclusion status at the start of the audit. During the audit they registered with SAMs and are not on the exclusion list as of 04/29/21. A federal awards policy needs to be implemented.

This finding has been resolved.

Findings for Fiscal Year 2022 Audit:

FY22 Major Non-compliance Issues:
None

FY22 Significant Non-compliance Issues:
None

FY22 Minor Non-compliance Issues:
None

FY22 Deficiencies:
None

FY22 Recommendations:

1) The Northeastern Counseling Center emergency plan was reviewed by Nichole Cunha and Geri Jardine, as part of the site visit. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. It is recommended that these suggestions are reviewed and the emergency plan is updated accordingly.

2) Utah Code 62A-15-110-(1)(d) states: that each member of the local substance abuse authority and each member of the local mental health authority shall annually certify that he has received and reviewed the independent audit and has participated in a formal interview with the provider's executive officers. Please submit a certification of audit review form after the Board has reviewed and approved the financial audit for the current financial audit this year for 2022. This should be done in the board meeting when the current year's audit is finalized and approved. Certification of Audit Review by County

3) Code of Conduct/Dual Employment forms were not signed by supervisor or executive director. These forms had no conflict of interest designated. It would be a good practice to have the supervisor or HR sign or initial the forms to show that they were reviewed.
4) **I9 Forms:** Two I9 forms were missing the hire and signature dates from HR or were signed by HR more than 3 working days after the hire date. Employees were Lanette Gardiner (blank no sig) and Rochelle Danley (15 days after hire date). Please add the hire dates to next year's upload of your list of current employees.

5) **Scanned Documents:** It is recommended that treatment documents like Authorizations (Requests for Information) and RANT results are scanned into the Electronic Health Record (Credible) in the future. Otherwise the RANT’s, LSI, ROI’s will need to be uploaded for the audit on selected services.

**FY22 Division Comments:**

1) Thanks to Kyle Snow and his staff at Northeastern Counseling Center for the timely upload of the financial and clinical data.
**Mental Health Mandated Services**

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

- Inpatient Care
- Residential Care
- Outpatient Care
- 24-hour Emergency Services
- Psychotropic Medication Management
- Psychosocial Rehabilitation (including vocational training and skills development)
- Case Management
- Community Supports (including in-home services, housing, family support services, and respite services)
- Consultation and Education Services
- Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.
Combined Mental Health Programs

The Division of Substance Abuse and Mental Health (DSAMH) Mental Health Team conducted its annual monitoring review at Northeastern Counseling Center (NCC), April 26, 2022. Due to the current DSAMH policy, the annual monitoring review was held virtually. Duplicate findings for Child, Youth and Family and Adult Mental Health have been combined below to provide clarity and avoid redundancy.

Findings for Fiscal Year 2022 Audit

FY22 Recommendations:
1) Holistic Approach to Health: All twenty of the youth and adult charts reviewed lacked documentation of primary identification or linkage to primary providers. Division Directives state “LAs will promote integrated programs that address an individual's substance use disorder, mental health, intellectual/developmental disabilities, physical health, and criminal risk factors and use a Holistic Approach to Wellness. This should include reference to primary care.” It is recommended that NCC work to ensure that all clients have an identified primary care provider in their chart. Individuals who have an identified primary care provider or practice are more likely to attend wellness checks and other preventive service appointments, and typically have better health outcomes while reducing healthcare cost on systems.

FY22 Division Comments:
1) Mobile Crisis Outreach Team (MCOT): NCC has implemented MCOT, which has required enlisting all members of the treatment team to staff this program around the clock. The team meets each morning to staff the night’s calls, discuss outcomes, and coordinate follow-up when necessary. The FY21 Adult Mental Health scorecard reflects the high number of individuals served by the team and the critical role of this program.
2) Housing Projects: NCC is in the process of opening a new building for adults with mental health needs. The project will include 10 apartments for clients. The project will be based in Vernal and will address the critical housing shortage faced by individuals with serious mental illness.
3) Cultural Responsivity: During the DSAMH needs assessment, NCC demonstrated excellent scores related to web space content that is friendly to people with developmental disabilities. NCC was also recognized for providing provider profiles on their websites, and for having materials specifically for (not about) youth in transition.
Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review Northeastern Counseling Center (NCC) on April 26, 2022. Due to current DSAMH policy, the annual monitoring review was held virtually. The monitoring team consisted of Leah Colburn, Program Administrator; Mindy Leonard, Program Manager; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews, program visits, and allied agency visits. During the discussion the team reviewed the FY21 audit, and statistics, including the Mental Health Scorecard, Area Plans, Youth Outcome Questionnaires, Family Peer Support Services and compliance with Division Directives and the center’s provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2021 Audit

FY21 Deficiencies:

1) Case Management: NCC continues to provide case management services at a low rate (NCC/0.1%; rural average/28.2%). This drop has occurred since FY18. While DSAMH recognizes that COVID-19 and staffing concerns may have had an impact in providing this service, NCC should explore avenues to provide case management services to more youth and families, when appropriate. Case management can be a valuable resource for children and their families in accessing resources to address social determinants of health, with access to this service provision clients can experience holistic and clinical outcome gains. DSAMH encourages NCC to engage with other rural LMHA to explore their approach to providing case management while also upholding rural community culture.

This will remain a finding for FY22. Youth case management services continued to be provided at a lower rate than the rural average in FY22, and they did not see a change in services provided from prior year. See FY22 Deficiency #2.

2) Respite: NCC continues to provide respite services at a lower rate than the rural average (FY19: 10 clients/1.2%%, FY20: 3 clients/.3%), for the second year. This trend has occurred since FY18. While DSAMH recognizes that COVID-19 and staffing concerns may have had an impact in providing this service, NCC should explore avenues to provide respite services to more youth and families, when appropriate. It is encouraged that NCC explore how community support services, such as respite, can be engaged to support reduction in crisis/emergency service engagement in their catchment area.

This will remain a finding for FY22. No respite services were provided in FY22. See FY22 Minor Non-compliance #1.

3) Psychosocial Rehabilitation: NCC provided psychosocial rehabilitation services at a lower rate (FY20 21/2.3%) than the rural average for the second year (FY19 46/5.6%), this
This represents a 54.3% drop in services. While DSAMH recognizes that COVID-19 may have had an impact in providing this service and in addition to staffing concerns, NCC should explore avenues to provide psychosocial rehabilitation services to more youth and families, when appropriate.

This will remain a finding for FY22. No Psychosocial Rehabilitation Services were provided in FY22. See FY22 Minor Non-compliance #2.

Findings for Fiscal Year 2022 Audit

FY22 Major Non-compliance Issues:
   None

FY22 Significant Non-compliance Issues:
   None

FY22 Minor Non-compliance Issues:
1) Respite: Per the FY21 Scorecard NCC provided no respite services for youth and families. Respite is one of the ten mandated services as required by Utah Code 17-43-301. The FY22 Midyear report indicates that no youth have been served in respite. NCC notes that while this service is still provided, there are little to no internal referrals. They also note that the shift to staffing MCOT has placed some stress on the staffing pattern for respite services. DSAMH would like NCC to focus on increasing access to this service.

County’s Response and Corrective Action Plan:

Action Plan: Respite is one of many services that the Center may provide to youth and families. Respite type services are also provided by other community partners and referred to by NCC. Frequently, the local state youth shelter provides respite type services to youth and the Family Support Center in Roosevelt for younger children. Northeastern Counseling may also provide respite and will increase the service in FY 2023. Northeastern Counseling has provided respite in the last quarter of FY2022.

The Center’s “Case Managers” provide many different services to both adults and youth. These covered Medicaid services include Targeted Case Management, Psychosocial Rehabilitation Services, Personal Services, Peer Support (all 3 Peer Support positions also provide other services on this list), MCOT as the second team member, transportation to and from covered services and Respite. The Center will increase the number of the youth receiving Respite in the coming year. The Center has a meeting scheduled with all Staff and an after staff meeting specifically for Case Managers in June 2022. The meetings will cover balancing utilization across all services.
Timeline for compliance: The Center has provided respite in FY 2022 with goals to increase. We welcome the Division tracking respite numbers in December of 2022 and providing feedback to NCC.

Person responsible for action plan: Robert Hall, Tricia Bennett and Jon Crane

Tracked at DSAMH by: Mindy Leonard

2) Psychosocial Rehabilitation Services (PRS): Per the FY21 Scorecard NCC provided no PRS services. PRS is one of the ten mandated services as required by Utah Code 17-43-301. This was a drop from 21 clients on the FY20 Scorecard. The FY22 Midyear report indicates there is a small number of youth being served. NCC internal quality improvement committee has taken on increasing PRS services. They are focused on the use of screening tools to better identify youth who would clinically benefit from PRS services. They have also begun a group skills model for youth to support increasing this service.

County’s Response and Corrective Action Plan:

Action Plan: The Center’s “Case Managers” provide many different services to both adults and youth. These covered Medicaid services include Targeted Case Management, Psychosocial Rehabilitation Services, Personal Services, Peer Support (all 3 Peer Support positions also provide other services on this list), MCOT as the second team member, transportation to and from covered services and PRS. The Center has increased the number of youth receiving PRS in FY2022 (through May 2022) to 35 unique youth. The Center has also scheduled a meeting with all staff and an after staff meeting specifically for Case Managers in June 2022. The meetings will cover balancing utilization across all services.

Timeline for compliance: The Center has provided PRS in FY2022. In the current year of FY2022 the Center has provided PRS to 35 unique youth with ages ranging from 7-16. We welcome the Division tracking PRS numbers in December of 2022 and providing feedback to NCC.

Person responsible for action plan: Robert Hall, Tricia Bennett and Jon Crane

Tracked at DSAMH by: Mindy Leonard
FY22 Deficiencies:

1) *Case Management*: Per the FY21 Scorecard NCC did not see a change in youth case management services provided. The NCC average still remains lower than the rural average (NCC: 0.1%/ Rural Average 27.5%). The declining trend has been occurring since FY18. The FY22 Midyear report indicates more youth than the previous year have served. NCC internal quality improvement committee has taken on increasing case management services. They are focused on the use of screening tools to better identify youth who would clinically benefit from case management services.

County’s Response and Corrective Action Plan:

| **Action Plan:** The Center’s “Case Managers” provide many different services to both adults and youth. These covered Medicaid services include Targeted Case Management, Psychosocial Rehabilitation Services, Personal Services, Peer Support (all 3 Peer Support positions also provide other services on this list), MCOT as the second team member, transportation to and from covered services and PRS. The Center has increased the number of youth receiving TCM in FY2022 (through May 2022) to 44 unique youth. The Center has also scheduled a meeting with all Staff and an after staff meeting specifically for Case Managers in June 2022. The meetings will cover balancing utilization across all services and ages.

*NCC would like to reiterate the following regarding percentage comparisons of select services to rural averages, that may be problematic.*

Northeastern Counseling Center serves the second highest percentage of its children/youth population in the State of Utah as noted in the scorecard column, “% of Those in Need of Treatment Served (ages 5-17)” on the FY 2021 Mental Health Scorecard. In FY2021, Northeastern Counseling served 27.22% of “% of Those in Need of Treatment Served (ages 5-17)”, compared to the state rural average of 19.2% and the urban average of 12.29%. The Center served 899 youth in FY2021 which is remarkable for a rural local mental health authority of its size and community population. Targeted Case Management is one of many services that the Center may provide to youth and families.

Northeastern Counseling will seek to provide the TCM service at a higher utilization rate but meeting the state rural average may not be a fair comparison for the following reasons.

TCM is only covered by Medicaid and then only for SED youth. The Center continues to strive to serve the entire community regardless of payer. Even with local private treatment options and others by telehealth that help to improve access for community members, approximately 40% of the youth served by NCC are not covered by Medicaid. With modest
improvement over the current FY22 TCM unduplicated count of 44, the improvement possible in FY 2023 will likely remain under the rural state average for this service due to the following:

- The high overall number of youth served per capita by NCC
- 40% of the youth served are not directly covered for the service
- Only a portion of the 40% Medicaid youth are SED, and that not all parents will engage in the service.

The Center will provide TCM in FY2023 at an increased rate.

Timeline for compliance: The Center has provided TCM in FY2022 for 44 youth. We welcome the Division tracking TCM numbers in December of 2022 and providing feedback to NCC.

Person responsible for action plan: Robert Hall, Tricia Bennett and Jon Crane

Tracked at DSAMH by: Mindy Leonard

FY22 Recommendations:
1) Family Peer Support Services (FPSS): NCC leadership understands the value and role of FPSS to support youth and families receiving clinical services and to help find and engage them in accessing proper resources. Per the FY21 scorecard, there was an increase in FPSS services provided (FY20/21, FY21/26). NCC has FPSS also providing case management services as part of their role. DSAMH recommends that NCC works with FPSS staff and supervisors to ensure that there is a clear understanding of the differences between these roles and the associated documentation requirements. DSAMH also encourages the agency to look for opportunities to expand FPSS services and increase the number of certified FPSS to support the community needs.

FY22 Division Comments:
1) Youth Skills Groups: To better respond to the community need, NCC has recently begun youth skills classes in Roosevelt. The goals of this group are to provide earlier intervention opportunities while also increasing access to services for the community. They provide several groups to serve different youth developmental stages. NCC currently provides groups for children ages 5-9 and 10-12, and hopes to start a group for 13-17 year olds in the future. The skills groups target social development and mental wellness skills. NCC reports they are using skills from the Botvin Life Skills program and other skills programs. DSAMH is interested to learn how as these groups expand, the outcomes they have on the youth involved.
Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Northeastern Counseling Center on April 26th, 2022. Monitoring was conducted remotely due to Covid 19. The team included Mindy Leonard, Program Manager, Heather Rydalch, Peer Support Program Manager, and Pam Bennett, Program Administrator. The review included the following areas: Discussion with the clinical supervisor, record reviews, observations of clinical staffing, and visit with a local Sheriff. During the discussions, the team reviewed the FY21 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires and the center’s provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2021 Audit

There were no findings in the 2021 Audit.

Findings for Fiscal Year 2022 Audit

FY22 Major Non-compliance Issues: None

FY22 Significant Non-compliance Issues: None

FY22 Minor Non-compliance Issues: None

FY22 Deficiencies: 1) Supportive Services: The FY21 Adult Mental Health scorecard demonstrates that NCC continues to provide fewer case management and peer support services in comparison with rural and state averages. It is recognized that a portion of this care is reflected in the MCOT service data.

However, supportive services continue to decline despite ongoing recommendations from DSAMH, and the current FY22 Adult Mental Health mid-year scorecard indicates that this trend has not changed in FY22. NCC should review the provision of CM and PSS to ensure that services are being documented appropriately, and that clients are receiving
needed supportive care. This is particularly important as these services are shared findings with Child, Youth and Family services.

County’s Response and Corrective Action Plan:

**Action Plan:** NCC values TCM and Peer Support. The Center’s “Case Managers” provide many different services to both adults and youth. These covered Medicaid services include Targeted Case Management, Psychosocial Rehabilitation Services, Personal Services, Peer Support, MCOT as the second team member, transportation to and from covered services and PRS. The Center has scheduled a meeting with all Staff and an after staff meeting specifically for Case Managers/Peer Support in June 2022. The meetings will cover balancing utilization across all services and ages. NCC has less than one Peer Support position as both Peer Support workers also provide the services above and are part of the MCOT rotation.

Some modest increases may occur in the coming year. The state average percentage comparisons do not always paint the full picture and significant improvement may not be the result using that comparison. NCC offers the following explanation.

A review of the finalized FY2021 Mental Health Adult Scorecard shows that NCC served 2,139 adults. This number compared to the adult population in the tri-county area is the highest percentage of rural adults served in the State of Utah at 5.55% with the overall rural average being 1.98%. The number of adults served by NCC compares to the two largest rural centers in the State which have much larger populations than NCC.

NCC will strive to achieve some modest increase in the number of clients served with these services. NCC and its board could also make decisions that would bring its numbers more in line with State averages for TCM, Peer Support and PRS. Percentages for all three services could be raised by deciding to serve fewer community members e.g. serve only Medicaid Enrollees, etc. For example, if NCC served the adult rural population average of 1.98% instead of the actual 5.55% that NCC is currently serving, then NCC could nearly triple its TCM and PRS percentages and more than double its Peer Support percentage without increasing the number of individuals receiving those services. Would the Division of Substance Abuse and
Mental Health like Northeastern Counseling reduce the number of community members served so that certain service percentages might more closely match other areas of the State that serve a lower percentage of the overall adult population? The posed question is rhetorical. NCC does not believe the Division would want fewer community members served when there aren’t sufficient community options available for the adult demand. NCC will seek to increase services for individuals that have coverage for the services being addressed. However, we ask the Division to keep in mind the vast differences between all Centers and their populations served when using percentage comparisons.

**Timeline for compliance:** We welcome the Division tracking numbers in December of 2022 and providing feedback to NCC.

**Person responsible for action plan:** Robert Hall, Tricia Bennett and Jon Crane

**Tracked at DSAMH by:** Mindy Leonard

**FY22 Recommendations:**

1) *Psychosocial Rehabilitation Services (PSR):* The FY21 Adult Mental Health scorecard demonstrates that NCC continues to provide fewer psychosocial rehabilitation services per year (3.6%), in comparison with rural (7.7%) and state (6.7%) averages. It appears that NCC is beginning to address this, as new PSS groups are focusing on psychosocial skill building (see Comment #2). DSAMH recommends NCC review the provision of PSR to ensure that clients are learning skills required to live and function in the community.

**FY22 Division Comments:**

1) *Community Relationships:* DSAMH commends NCC for the development and support of community partnerships including law enforcement and hospital services. NCC, local emergency rooms, and law enforcement work together to ensure individuals requiring a higher level of care are identified and safely transported to inpatient units in other counties. Community partners expressed concern for the resources (i.e. time, manpower) that clients often require for safe transport; it may take several hours to locate an inpatient bed and the psychiatric hospitals may be several hours from the NCC catchment area. DSAMH also recognizes this issue as a statewide, systemic issue.

2) *Peer Support Services (PSS):* Heather Rydalch, Peer Support Program Manager, and Tracy Johnson, Lead Family Coordinator, met with one Certified Peer Support Specialist (CPSS), one Family Peer Support Specialist (FPSS) and their supervisors. DSAMH commends NCC for increasing the CPSS from a part-time to a full-time position. NCC was able to promote their part time CPSS to a full time position. The CPSS has initiated a youth-in-transition PSS group every other week to work on skills such as boundaries, budgeting, confidence building and social skills. The clients provide input to help guide some of the topics that they work on and they are learning to be more active in the community. The FPSS will start a group at the local highschool in June 2022. PSS are...
also included on the mobile crisis outreach team (MCOT). The FPSS mentioned, “the skills I was taught are the same skills I use in working on the MCOT team.” The CPSS said, “people have a step before going to the hospital or before law enforcement are involved. I always have a good experience”.

3) Participant Feedback: Heather Rydalch, Peer Support Program Manager, met with the CPSS and two clients. Clients indicated that they were able to set goals to work on. “I have been coming here for about two years. I am struggling right now and it helps to come here. I live in an apartment that is close by.”
Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Northeastern Counseling Center on April 26, 2022. The review was conducted remotely due to current DSAMH policy. The review focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the review evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2021 Audit

FY21 Deficiencies:

1) The Tri-County area did not complete any EASY compliance checks in FY21, which does not meet Division Directives. The county is required to complete at least one more EASY check than the year before.

The Tri-County area completed nine EASY compliance checks in FY22, which meets Division Directives.

This issue has been resolved.

Findings for Fiscal Year 2022 Audit:

FY22 Major Non-compliance Issues:
None

FY22 Significant Non-compliance Issues:
None

FY22 Minor Non-compliance Issues:
None

FY22 Deficiencies:
None

FY22 Recommendations:

1) Community That Cares (CTC) Model: NCC reported that they are currently using the Community Anti-Drug Coalitions (CADCA) Model for their coalitions. Their Prevention Coordinator completed the CTC Training of Trainer (TOT) class and a Coalition Coordinator completed it in June, but retired before implementing any changes. NCC has another staff attending the CTC TOT and will finish this at the end of this month. At that time, they will evaluate if it will be in the best interest of their coalitions to proceed with a change. It is recommended that NCC continue with training and evaluation efforts on the CTC model to help them decide how they want to proceed with this model in the future.
FY22 Division Comments:

1) **Community Partnerships and Training:** NCC reported that they hosted their second Student Health and Risk Prevention (SHARP) Survey Training for Key Leaders this past year, which went well. There was an increase in the participation of the SHARP Survey in Duchesne, even during the COVID pandemic, which helped provide data to drive prevention efforts in their community. NCC shared that it has been helpful to use the SHARP Survey data to show progress or areas of need in their community. The Prevention Coordinator at NCC has developed effective partnerships with community members and key stakeholders over the years, who has become a trusted voice in their community. Because of this, NCC has been able to implement effective prevention services in their local area.

2) **Evaluation of Programs and Strategies:** NCC has fidelity monitoring tools and pre/post tests for the Prime for Life (PRI) classes and a test for the SMART classes. They are currently gathering data and submitting it to Bach-Harrison for assistance in strengthening their evidence based status with the Love and Logic program. NCC is also having discussions gathering information for their Native population to start a program that is accepted as evidence-based by using culturally appropriate criteria for this group.

3) **Foster Grandparents Program:** The seniors in the Foster Grandparents Program have been doing a good job of providing support for the youth in their local area. They have been working with around 500 kids a year, which has increased to 2,000 kids this year. As a result of this growth, the seniors have started meeting with their youth in groups. The seniors in the Foster Grandparents Program have been helping kids who are struggling in school with their reading. This program has been beneficial for Grandparents, kids, the schools and NCC. NCC has also been gathering data on the mental health of the seniors in this program, which shows improvements with their mental health through their participation in this program.
Substance Use Disorders Treatment

Becky King, Program Administrator, conducted a review of Northeastern Counseling Center on April 27, 2022, which focused on Substance Use Disorders Treatment, Drug Court, clinical practice and compliance with contract requirements and JRI. Drug Court was evaluated through staff discussion, clinical records, and the Drug Court Scorecard. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to JRI requirements and contract requirements were evaluated through a review of policies and procedures by interviews with Northeastern Counseling staff. Treatment schedules, policies, and other documentation were reviewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with staff. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews. Finally, additional data was reviewed for Opiate Use in Duchesne, Uintah, and Daggett Counties.

Follow-up from Fiscal Year 2021 Audit

FY21 Minor Non-compliance Issues:

1) The percent of individuals that engaged in Social Recovery Support decreased from -48.6% to -9.4% from FY19 to FY20, which does not meet Division Directives.

The percent of individuals that engaged in Social Recovery Support moved from -9.4% to -16.7 from FY20 to FY21, which does not meet Division Directives.  

This issue has not been resolved, which will be addressed in Recommendation #1 below

2) TEDS showed that 13.1% of Criminogenic Risk Data was not collected for justice involved clients, which does not meet Division Directives.

TEDS showed that 12.6% of Criminogenic Risk Data was not collected for justice involved clients in the FY21, which does not meet Division Directives.  

This issue has not been resolved, which will be addressed in Minor Non-Compliance Finding #1 below.

Findings for Fiscal Year 2022 Audit:

FY22 Major Non-compliance Issues

None

FY22 Significant Non-compliance Issues:

None
FY22 Minor Non-compliance Issues:

1) TEDS showed that 12.6% of Criminogenic Risk Data was not collected for justice involved clients in the FY21, which does not meet Division Directives.

County’s Response and Corrective Action Plan:

<table>
<thead>
<tr>
<th>Action Plan:</th>
<th>NCC has a full staff meeting planned in June of 2022 where this data point will be emphasized.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline for compliance:</td>
<td>We welcome the Division/Office running numbers in December 2022 and providing feedback.</td>
</tr>
<tr>
<td>Person responsible for action plan:</td>
<td>Robert Hall, Tricia Bennett and Jon Crane</td>
</tr>
</tbody>
</table>

Tracked at DSAMH by: Becky King

FY22 Deficiencies:

None

FY22 Recommendations:

1) The percent of individuals that engaged in Social Recovery Support moved from -9.4% to -16.7 from FY20 to FY21, which does not meet Division Directives.

2) Clinical Charts: Discharge Summaries and / or final progress notes did not have information regarding continuing recovery support for clients being discharged from services. Discharge summaries should identify continuing recovery support, ongoing services, referrals or provide follow-up care as needed for clients when they are discharged from services. (Chart #’s 97469, 72467, 1254, 101139, 71120, 101551, 16782, 97795, 99199)

3)

FY22 Division Comments:

1) Quality Services: NCC works well as teams and has the ability to treat both Substance Use Disorders (SUD) and Mental Health. While their staff don’t specialize only with SUD services, they have been able to provide effective SUD and MH services. Their team strives to communicate and work well with other community partners including the legal system. They have added services to their program when there are enough clients to form new groups, like the women’s trauma treatment in Roosevelt and the Dialectical Behavioral Therapy (DBT) group in Vernal.
2) **Housing and Apartments:** NCC is planning to build apartments for individuals with mental health and co-occurring SUD issues in the future. It is difficult to maintain stable housing for individuals with MH and co-occurring SUD issues due to their behavioral issues at times. NCC is planning to build apartments that will be virtually indestructible for individuals with mental health and co-occurring SUD issues so that they will have safe, stable housing, even when they are struggling with behavior problems.

3) **Partnerships with Hospitals / Medication Assisted Treatment (MAT):** NCC reported that they provide local hospital services to the Emergency Rooms, Intensive Care Unit (ICU) and Medicine and Surgery (MED-SURG). This gives them opportunities to provide brief motivation interventions, treatment engagement and encouragement. This can also occur during the Mobile Crisis Outreach Team (MCOT) deployment or referrals from other outpatient health care providers. NCC’s outpatient prescribers assist with Medication Assisted Treatment (MAT) or other medications for those that need detoxification services or are going through withdrawals that do not require inpatient monitoring. NCC’s crisis staff also work with local hospitals to arrange formal medical detox when clinically necessary.
Section Two: Report Information
Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.
Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A major non-compliance issue is non-compliance in contract requirements which affect the imminent health, safety, or well-being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well-being of individuals exists, contract payments may be suspended indefinitely.

A significant non-compliance issue is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well-being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A minor non-compliance issue results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well-being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A deficiency results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action
plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.
We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Northeastern Counseling Center and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Kelly Ovard at 385-310-5118.

The Division of Substance Abuse and Mental Health

Prepared by:

Kelly Ovard          _____________________
Administrative Services Auditor IV          Date 06/13/2022

Approved by:

Kyle Larson         ______________________         Date 06/13/2022
Administrative Services Director

Amanda Alkema  ______________________         Date 06/13/2022
Assistant Director

Eric Tadehara       _______________________       Date 06/13/2022
Assistant Director

Brent Kelsey        _______________________
Division Director          Date 06/22/2022
## UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

### Emergency Plan Monitoring Tool FY22

**Name of Local Authority:** Northeastern Counseling Center  
**Date:** 4/20/22  
**Reviewed by:** Nichole Cunha, LCSW; Geri Jardine

### Compliance Ratings

- **Y** = Yes, the Contractor is in compliance with the requirements.  
- **P** = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.  
- **N** = No, the Contractor is not in compliance with the requirements.

### Monitoring Activity | Compliance | Comments
---|---|---
Preface  
Cover page (title, date, and facility covered by the plan) | X |  
Confirmation of the plan’s official status (i.e., signature page, date approved) | X |  
Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan) | X | Need place to identify changes to the plan, made by whom, and date of change  
Method of distribution to appropriate parties (i.e. employees, members of the board, etc.) | X |  
Table of contents | X | Need table of contents

### Basic Plan

- Statement of purpose and objectives | X |  
- Summary information | X |  
- Planning assumptions | X |  
- Conditions under which the plan will be activated | X |  
- Procedures for activating the plan | X |  
- Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan | X |  

### Functional Annex: The Continuity of Operations (COOP) Plan to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.

- List of essential functions and essential staff positions | X |  
- Identify continuity of leadership and orders of succession | X |  
- Identify leadership for incident response | X |
| List alternative facilities (including the address of and directions/mileage to each) | X |
| Communication procedures with staff, clients’ families, the State and community | X |
| Procedures that ensure the timely discharge of financial obligations, including payroll. | X |

**Planning Step**

| Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.) | X |
| Could be strengthened by indicating which team member is representing which area and which areas of responsibility they will maintain in a disaster situation and who their delegated back-up position should be. |

| The planning team has identified requirements for disaster planning for Residential/Housing services including: |
| Engineering maintenance |
| Housekeeping services |
| Food services |
| Pharmacy services |
| Transportation services |
| Medical records (recovery and maintenance) |
| Evacuation procedures |
| Isolation/Quarantine procedures |
| Maintenance of required staffing ratios |
| Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic | X |

DSAMH is happy to provide technical assistance.
Agreement completed.

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